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A LIMITED LIABILITY PARTNERSHIP INCLUDING
PROFESSIONAL CORPORATIONS

PATENT, TRADEMARK AND COPYRIGHT CAUSES

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Assistant Commissioner for Patents
Washington, D.C. 20231

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No. : ENDICOR.5CP1D1
Applicant(s) : Honeycutt et al.
For : ROTATIONAL ATHERECTOMY DEVICE
Attorney : Robert J. Roby
"Express Mail"
Mailing Label No. : EL559436942US
Date of Deposit : December 14, 2000

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09/737165
12/14/00

I hereby certify that the accompanying

Transmittal in Duplicate; Specification in 53 pages; 8 sheets of drawings;
Preliminary Amendment in 1 page; **SIGNED** Declaration by Inventor in 2 pages;
Check(s) for Filing Fee(s); Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Justin Stotts

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ASSISTANT COMMISSIONER FOR PATENTS

WASHINGTON, D.C. 20231

ATTENTION: BOX PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): John Honeycutt, Paul Taylor

For: ROTATIONAL ATHERECTOMY DEVICE

Enclosed are:

- (X) Eight (8) sheet(s) of drawing.
- (X) This application is a divisional of prior application 09/260,199 filed on March 1, 1999, which is a continuation-in-part of prior application 09/058,513 filed on April 10, 1998 which has issued as U.S. Patent No. 6001112 on December 14, 1999.
- (X) A copy of Declaration from prior application is enclosed.
- (X) Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- (X) A Preliminary Amendment canceling claims 11-20, 22-28, 36-40.
- (X) Return prepaid postcard.

CLAIMS AS FILED

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$710	\$710
Total Claims	49 - 20 =	29 ×	\$18	\$522
Independent Claims	9 - 3 =	6 ×	\$80	\$480
If application contains any multiple dependent claims(s), then add			\$270	\$0
TOTAL FILING FEE		\$1712		

- (X) A check in the amount of \$1712 to cover the filing fee is enclosed.

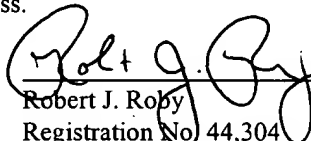
PATENT

Attorney Docket No. ENDICOR.5CP1D1

Date: December 14, 2000

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- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the future, or credit any overpayment to Account No. 11-1410. A duplicate copy of this sheet is enclosed.
- (X) Please use Customer No. 20,995 for the correspondence address.


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Attorney of Record

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